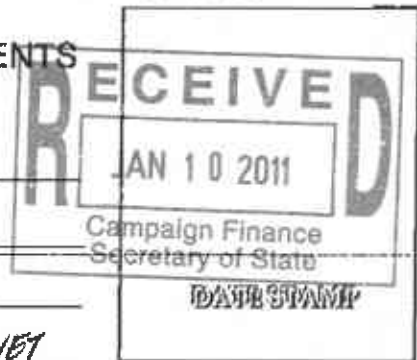


2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Re-Elect Ed Roberts
Address 2301 W. JACKSON, Oxford, MS 38655
Telephone 662-234-0622 Fax 662-234-0722
Treasurer R.L. Hilly Email ROBERT@BELL SOUTH.NET



☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 500.00 + \$ 25.00	\$ 525.00	\$ 26,170.00
Total amount of disbursements	\$ 7772.00 + \$ 195.72	\$ 7967.72	\$ 25,905.55
Total amount of cash on hand		\$ 264.45	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date 1/10/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-370-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Re-Elect Ed BryantReporting period 10/23/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>P.A.</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>AKINS & BOGANS, P.A.</u>	<u>12 17 10</u>	\$ <u>500.00</u>
Mailing Address	<u>108 JEFFERSON</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>RIPLEY, MS 38863</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u>SRIF</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	<u>Attorney</u>	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Re-Elect Ed Roberts
 Reporting period 10/23/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name <u>U.S.P.S.</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>451 McElroy Drive</u>	<u>10/23/10</u>	\$ <u>528.00</u>
City, State, Zip Code <u>Oxford, MS 38655</u>	<u>11/12/10</u>	\$ <u>44.00</u>
Purpose of Disbursement (Optional) <u>SHIPPING / POSTAGE</u>	Aggregate Year-to-date	\$ <u>572.00</u>
B. Full name <u>ED ROBERTS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>10/24/10</u>	\$ <u>1,200.00</u>
City, State, Zip Code <u>Oxford, MS 38655</u>	<u>12/21/10</u>	\$ <u>6,000.00</u>
Purpose of Disbursement (Optional) <u>None & RE-IMBURSEMENT - Election Night Celebrations</u>	Aggregate Year-to-date	\$ <u>7,200.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$